

Beacon Press

Teachers' Guide



Incidental Findings

*Lessons from My Patients
in the Art of Medicine*

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"[Ofri's] writing tumbles forth with color and emotion . . . An important addition to the literary canon of medicine."
—*Boston Globe*

NOTES

A Note from the Author

Over my years as both a student and teacher, I found that the lessons that resonated the most potently (and with the most staying power) were those that came in the form of stories. I can recall such “lessons” from decades ago, and often use my teachers’ stories with my students. It is always amusing to watch a distracted audience during a dull, rambling lecture suddenly perk up, en masse, when the speaker says, “I once had a patient who . . .”

Ethical issues are often the most difficult to teach, because they tend to involve abstruse concepts that can often frustrate medical learners who are more comfortable with evidence-based facts. However, it is these medical students and residents who find themselves on the front line with ethical quandaries, often with few tools at their disposal. As a result, medical schools are attempting to teach ethics on a par with pathophysiology and pharmacology. Standard textbooks on ethics often fall short because of their emphasis on theory. In my experience, medical students and residents participate the most when the reading material directly reflects their daily experience.

Incidental Findings is a collection of essays that highlight many of the most pressing ethical concerns that face physicians. But each essay is a story centered around a patient that can easily be appreciated by the medical learner. The stories range in perspective from that of a medical student, an intern, a teaching attending, and finally, a patient. The study guide below highlights the particular themes of each essay, as well as stimulating questions to engage learners in substantive discussion.

About the Author

Danielle Ofri, M.D., Ph.D., is an attending physician at Bellevue Hospital and assistant professor of medicine at New York University School of Medicine. She is the author of two essay collections: *Singular Intimacies: Becoming a Doctor at Bellevue* and *Incidental Findings*. Ofri is editor-in-chief and cofounder of the *Bellevue Literary Review*, the first literary journal to arise from a medical center. Dr. Ofri’s writings have been published extensively in the *New York Times*, the *Los Angeles Times*, *The Lancet*, and *New England Journal of Medicine*, among other periodicals, and they have aired on *National Public Radio*. Her work has been included in Best American Essays twice, in 2002 and 2005. The essay “Common Ground” (from *Incidental Findings*) was selected by Oliver Sacks for inclusion in *Best American Science Writing 2003*. Ofri is also associate chief editor of the award-winning medical textbook *The Bellevue Guide to Outpatient Medicine*.

Incidental Findings: Contents

Prologue: **Incidental Findings**—The tables are turned and the doctor becomes a patient. She finds herself at the “business end” of a long needle and experiences the very real sense of invasion and panic that routinely visits her patients.

1. **Living Will**—A patient feels he has nothing to live for, and the doctor comes perilously close to agreeing with him.
2. **Common Ground**—A patient’s painful decision about an abortion highlights the vulnerabilities of doctor and patient alike.
3. **Acne**—The “social” issues that surround medical illnesses are often far more frightening than the medical issues.
4. **A Day in the Clinic**—An ordinary day shows how a doctor tries to juggle life, death, language, culture, bureaucracy, doubts, fears, and triumphs. How do we go on, day after day?
5. **The Journey**—A man meets his illness for the first time, in the decidedly “un-healing” setting of the Bellevue prison ward. What does it mean to cross over the border from health into illness?
6. **Torment**—How do you deal with a patient whom you hate?
7. **Vision**—A “difficult” patient refuses to “blend into the scenery” and challenges the doctors on every count.
8. **Terminal Thoughts**—Facing the challenges and limitations of teaching the next generation of doctors.
9. **In Her Own Key**—Is a patient “drug-seeking” or truly in pain?
10. **SAT**—Some patients require unorthodox types of medical care. How far can you stretch the definition of healing?
11. **Tendrils**—Patients’ stories pull at us, entwine us, until they become our stories.
12. **Missing the Final Act**—The doctor can never be there for every minute of every patient’s illness. At some point we have to go home. What is the cost of leaving?
13. **Emigration**—The doctor’s experience of crossing over to being a patient is seen in parallel to the emigration of her grandfather to the United States.
14. **Tools of the Trade**—With all the high-tech medicine available, sometimes the most essential tools of healing are the most basic.

Themes and Discussion Questions

NOTES

Incidental Findings

THEMES

Doctors as patients
Medical language
Diagnostic Labeling

QUESTIONS

1. It is said that doctors make the worst patients. Do you agree with this statement? Was this doctor a good patient or a bad patient?
2. “High risk” and “incidental finding” are common phrases in medicine that obviously have different portent for doctors than they do for patients. Can you think of other “benign” words or phrases that we use freely that might frighten a patient or have a completely different meaning for a patient? Are there phrases we could use instead?
3. In medicine, we use terms like “high risk” and “low risk” to stratify patients for prognostic purposes, but for a patient it feels like a diagnostic label. What is the significance of labeling a patient?
4. What is the best way to deliver mildly bad news?
5. Patients are often labeled “noncompliant” when, for example, they fail to complete an ordered test. Choose a test you have ordered recently and come up with a list of things that need to be accomplished in order for your patient to be compliant.
6. Have you ever been a patient? What did you observe/learn in this experience that you did not learn in medical school?

Living Will

THEMES

Patient autonomy
Right to die
Psychiatric vs. medical illness

QUESTIONS

1. What makes medicine “easy” to practice vs. “hard” to practice?
2. How does psychiatric illness differ from “medical” illness when it comes to patient decision making?
3. Can a depressed person make a “rational” decision to commit suicide?
4. Could you imagine a scenario in which you would agree with a patient like Mr. Reston?
5. Is the difference between terminal illness and horrible illness relevant?
Morally? Legally?

Common Ground

THEMES

Religious issues in medicine
Doctors' autonomy
Influence of personal history on how medicine is practiced
How much should doctors reveal of themselves?

QUESTIONS

1. What role does religion play in medicine? What role *should* it play?
2. How much latitude should the sponsoring institution of a hospital (church, HMO) have in deciding medical care?
3. How much of a role does the doctor's conscience play when there is a conflict? How much autonomy should a doctor have? (Are there any legal/insurance implications?)
4. Medical training is fairly standardized, but doctors' personal experiences vary immensely. We typically deride medicine practiced "by anecdote." What about the anecdotes of doctors' own lives? How much does a doctor's personal history influence patient care, and how much should it? How much should a doctor reveal of his/her life? Is there a point at which this becomes counter-productive? How would you feel if you were the patient and your doctor revealed a difficult personal history?

NOTES

This essay was selected by Oliver Sacks for inclusion in *Best American Science Writing 2003*.

NOTES

Acne

THEMES

Cross-cultural medicine
Social issues in medicine
Economic issues in medicine

QUESTIONS

1. How much of this patient's medical issues do you think were caused by social and economic issues?
2. Was there a cultural barrier in this encounter?
3. What should the role of a temporary doctor (locum tenens, rotating intern) be?

A Day in the Clinic

NOTES

THEMES

Daily life of doctors
Progressing from resident to attending
Language barriers
Cross-cultural medicine
Social issues in medicine
Economic issues in medicine

QUESTIONS

1. Is medicine different when practiced by residents vs. attendings?
2. Are doctors' daily lives dull or exciting? Does this matter?
3. How much does evidence-based medicine vs. the "art" of medicine play a role in most clinical decisions?
4. Do you think Mr. Yang's illness would have progressed differently if he spoke English? If he had insurance? If he were seeing a doctor in private practice?
5. Is it right to compare getting Ms. Castana's G6PD test done on time with Mr. Yang's tumor?
6. How can doctors assimilate so many lives and stories into their own?

The Journey

THEMES

Diagnostic labeling
Imparting a diagnosis
Medical care of prisoners
Denial

QUESTIONS

1. Do prisoners get the same medical care as other patients? Should they?
2. What can a doctor do when a patient asks unanswerable questions?
3. Was Mr. McCreary a different person after he'd been informed of his diagnosis of diabetes?
4. Was the patient's denial helpful or harmful?

Torment

NOTES

THEMES

Disliking patients
Stereotypes
Religion and the treatment of Muslims post-9/11
How honest should doctors be about prejudice?
“Difficult” patients
Overuse of medical system
Effect of illness on families

QUESTIONS

1. Doctors are supposed to treat all patients equivalently. What factors render this difficult? Does the medical education system help counter this?
2. Weigh the relative contribution of the doctor’s stereotype about Islam and her stereotype about “difficult” patients with her attitude toward Ms. Uddin.
3. Is it more honest to be an outspoken bigot or a professed liberal who tries to hide biases?
4. At what point should a doctor put a stop to a patient’s overuse of the medical system?
5. How does illness spread its effect on family and friends (in terms of psychology, time, finances, power structure, decision making, and contagion)? Are the effects different for men than for women?
6. When this essay was first published in the *New England Journal of Medicine* in 2004, the author received letters from physicians in Arab countries who complained that the stereotypes in this essay did “untold damage” to Muslims, and that it was irresponsible for the editors to publish this essay in the post-9/11 world. Is there legitimacy to these concerns?

Vision

THEMES

Preconceived notions of patients
Understanding a patient as a whole person, with a life outside of illness
“Difficult” patients
Reality of how to treat every patient “personally” when you have thirty-five patients
Nonmedical aspects of healing
Gaining a patient’s trust (and how to teach this)

QUESTIONS

1. What was your initial impression of Mr. Karlin? Did you believe his stories of fame and fortune? Why do you think the narrator never bothered to do an Internet search on Mr. Karlin until the very end? What does this say about her?
2. If you are a patient, having your doctor visit for only five minutes a day seems incredibly short. If you are a doctor and have thirty-five patients, spending even five minutes with each makes rounds last almost three hours. (Spending five minutes to write a note in each chart takes another three hours. Conferences and meetings take up another two to three hours per day. Chasing test results and elevators takes even more time.) Is it possible to make a patient feel well cared for in a five-minute visit? If so, how?
3. Mr. Karlin might fall into the category of “difficult” patients. Which aspect of his difficultness most unnerved the doctor? Why?
4. Mr. Karlin seemed to appreciate the books and glasses much more than the hours the team was sweating over his case (running around to get tests done, begging radiologists for scans, accommodating the patient’s frequent and frustrating demands, etc.). Do you think this was appropriate?
5. Outward appearances shouldn’t matter, ideally. What do you think about Mr. Karlin’s observations about the way the doctors dress? Is this parallel to what the doctors thought about Mr. Karlin, based on his appearance? Should there be a dress code for medical students and house staff?
6. How does a doctor gain a patient’s trust, especially when she isn’t making any progress on the medical front? How can this be taught to students?

Terminal Thoughts

NOTES

THEMES

How to teach empathy
“Difficult” students
Disagreements within a medical team
“Lying” to a patient when necessary

QUESTIONS

1. What was at the heart of the disagreement between the attending and the resident? Is this a reflection of differing levels of experience and knowledge or of differing personalities? Who was right?
2. If you were Kimberly, how would you have wanted your attending to handle this difference of opinions?
3. Is there an ethical requirement to disclose differing opinions within a medical team to the patient? What are the benefits and harms of presenting a united front?
4. Can empathy be taught? If so, how?
5. Did the attending lie to Ms. Binet? Is lying ever acceptable in medical care?
6. What are the similarities and differences between difficult patients and difficult students/doctors (think of the patients in “Torment” and “Vision”)?

In Her Own Key

THEMES

Difficult patients
Drug-seeking vs. real pain
Stereotypes
Doctor-nurse relations

QUESTIONS

1. Do you think the doctor would have made different assumptions if this patient had been male? Black? Homeless? From Nicaragua? Elderly?
2. How does a doctor distinguish between drug-seeking patients and those with real pain?
3. How should one document uncertainty in the chart?
4. What is the nature of the relationship between nurses who are permanently assigned to a ward and residents who rotate monthly?
5. The doctor's decision (on page 128) to call a psych consult was certainly correct on paper. Do you think it was correct in real life?

SAT

NOTES

THEMES

Relating to adolescents
Nonmedical aspects of healing
What, exactly, constitutes medical care?
Honesty on insurance forms
Patients' own agendas

QUESTIONS

1. Why are adolescents so tricky to relate to? Is Nemesio a “difficult” patient?
2. Was it ethical for the doctor to do SAT prep during a medical visit?
3. Should the doctor have lied on the insurance form in order to allow the patient to keep getting the “care” he needed and for the clinic to stay solvent? Is lying ever acceptable in medical care? (See question #5 for “Terminal Thoughts.”)
4. What is the definition of *healing*?
5. Comment on the issue of patients’ “hidden agendas” during medical encounters. Could you say that Mrs. Uddin in “Torment” had a hidden agenda?

Tendrils

THEMES

Language in medicine
Imparting a diagnosis
Language barriers
Lying/deception
Patient stories

QUESTIONS

1. This doctor couldn't, at first, remember who the patient was, or what the patient was there for. Did she "deceive" the patient by not admitting that immediately?
2. On pages 144–145, the doctor reads a report that contradicts her notes and recollection. Why do doctors in particular find cognitive dissonance so upsetting?
3. On pages 146–147, did the doctor lie when she told the patient that the results were not back yet? Is lying ever justified in medicine?
4. Are there particular words in medicine that stand out for you? Are there words whose meanings have changed for you over the years? Are there words in medicine that you hate or that you love?
5. In every hospital elevator and in every HIPAA manual doctors are warned not to discuss patient information except in medically appropriate venues. Yet we are almost driven to tell these stories to others. Why is that?

Missing the Final Act

NOTES

THEMES

Impossibility of doctor being there for every part of illness
How to say goodbye
How to reconcile inevitability of leaving

QUESTIONS

1. In the movies, doctors are present for the whole illness, beginning to end. Is this possible in real life? Where should the line be drawn? (e.g., is it OK to have hospitalists take care of your patients when they are in the hospital? Is it OK to have a night-shift doctor take care of your patient in the middle of the night? Is it OK to have a nurse handle your patient's everyday calls and question? Is it OK for doctors to rotate wards every month? When does the "shift mentality" adversely impact medical care?)
2. From the doctors' perspective, are there psychological implications to the break-up of medical care?
3. Should doctors say goodbye to patients? What are the positive and negative affects of this (for both doctor and patient)?
4. How might a doctor reconcile inevitability of leaving patients (at the end of the day, at the end of the month, or at the end of life)?

Emigration

THEMES

Doctor as patient
Nonmedical aspects of patient care

QUESTIONS

1. On pages 161–162 the author describes the tug of feeling like a patient versus feeling like a doctor. If you were her doctor, would she be your ideal patient or your nightmare patient? How would you have advised her?
2. Do you think the issue of the pitcher of water was quintessential or overblown?
3. As physicians, we often don't think about the humiliating aspects of illness, particularly smells and messes (there's no section for this in the progress note). Why do you think this is so?
4. Have you ever been a patient? What did you observe or learn in this experience that you might not have gotten from medical school?
5. Do you think the metaphor of emigration—the comparison of the journey to America with pregnancy and delivery—is valid?

Tools of the Trade

NOTES

THEMES

Preconceived notions of patients
How doctors deal with unconscious patients
Every patient has a history
Importance of touch
Finding humanity when it is a one-sided process (patient can't participate)
What are the tools of medicine?

QUESTIONS

1. How do preconceived notions of patients impact how doctors care for them? (compare also to Mr. Karlin in "Vision," Mrs. Uddin in "Torment," Nemesio in "SAT")? Is there any benefit to having such preconceived notions?
2. How do doctors act differently with an unconscious patient? (body language, verbal language, medical care, allocation of time, allocation of effort). Why do unconscious patients make people uncomfortable?
3. Every patient has a history. Is it possible, for a doctor with so many patients (see calculation in question #2 for "Vision") to actually learn the larger life history of every patient.
4. How do we find the humanity in a patient when the patient can't participate?
5. What is the role of touch in medicine? How has it evolved over time?
6. What are the tools of medicine?

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